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# Food Service Sanitation Regulatory Minimum Program Requirements and Indicators

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## Changes For FY 2003

**MPR 1** A local health department, upon receipt of plans and specifications for construction, alteration, conversion, or remodeling of a food service establishment, shall review the plans and specifications to determine conformance with applicable requirements. [The Food Law of 2000 (FL2000) §§ 6101 to 6113.]

- 1.1 All licensed establishments that have been constructed, altered, converted, or remodeled have submitted plans and specifications to the local health department for review. [FL2000 § 6101 and Food Code (FC) § 8-201.11.]
- 1.2 All plans and specifications submitted as required have been reviewed and, if in compliance, approved by the local health department (LHD). [FL2000 § 6107.]
- 1.3 All plans approved by the LHD comply with the law. [FL2000 §§ 6101 to 6113; FC §§ 8-201.12 and 8-203.10.]
- 1.4 The local health department maintains ~~(i) a tracking system (such as a tickler file, log book, or computerized system) to assure that complete plan reviews are conducted; and (ii)~~ a set of plans and specifications containing the information required by the Food Law of 2000 § 6107 and Food Code § 8-201.12.

**MPR 2** The local health department shall conduct one or more pre-operational inspections to verify that the food establishment is constructed and equipped in accordance with the approved plans and approved modifications of those plans and is in compliance with the law. [FL2000 § 6115; FC § 8-203.10.]

- 2.1 All licensed establishments have been inspected upon completion of the construction, alteration, conversion, or remodeling, and prior to opening. [FL2000 § 6115; FC § 8-203.10.]
- 2.2 When a food service establishments has undergone construction, alteration, conversion or remodeling, all construction, alteration, conversion, or remodeling approved by the LHD complies with the law. [FL2000 § 6115(2).]

**MPR 3** The local health department shall perform an inspection of each food service establishment at least once every 6 months, except that a food service establishments which operates 9 or fewer months each year shall be inspected at least once during the period of operation by the local health department. [FL2000 § 3123.]

- 3.1 The required quantity of inspections of licensed establishments has been completed. [FL2000 § 3123.]
- 3.2 Inspections have been completed at the required calendar frequency. [FL2000 § 3123.]

**MPR 4** The local health department shall make compliance inspections of each vending machine location at least once every 6 months. [FL2000 § 3123.]

- 4.1 All vending machine locations have been inspected every 6 months, or the LHD follows a reduced frequency of inspection policy meeting following requirements: [FL2000 §§ 3123 and 3125.]
- (a) A written reduced frequency of inspection policy is established and implemented. [FL2000 § 3125(1).]
  - (b) The policy contains a mechanism for reinstating § 3123 inspection frequency if there are adverse food service sanitation practices within a food service establishment. [FL2000 §§ 3123 and 3125(1).]
  - (c) The policy contains a mechanism for reinstating § 3123 inspection frequency if an establishment is implicated in a foodborne illness outbreak. [FL2000 §§ 3123 and 3125(2).]
  - (d) A LHD may not reduce inspection frequency to less than one inspection per operator every year. [FL2000 § 3125(3).]
  - (e) The frequency of inspection and selection of locations by the LHD assure the widest coverage of each operator's locations over time.

**MPR 5** A local health department shall review all food service establishment license applications, and forward its recommendations concerning licensure to the MDA. [FL2000 §§ 3115, 3119(6), 3121, and 3123.]

- 5.1 The LHD records contain copies of the current license applications indicating the local health department's recommendations concerning licensure. [FL2000 §§ 3115, 3119(6), 3121, and 3123.]

**MPR 6** A local health department shall inspect all temporary food service establishments, for which required notifications are made to the local health department, and upon compliance, shall issue the temporary license. [FL2000 §§ 3115 and 4125(1).]

- 6.1 Licensed temporary food service establishments have been inspected. [FL2000 §§ 3115(2) and 4125(1).]
- 6.2 Temporary food establishment licenses and applications are complete and accurate, which includes inspector signature and date when the facility was inspected. [FL2000 § 3115.]

**MPR 7** The program regulatory staff are trained with the skills and knowledge to: a) during inspections, identify critical items (risk factors) that may contribute to foodborne illness; b) correctly interpret and apply regulatory requirements; c) communicate public health principles; d) promote and assist in development of risk control plans; and e) enforce the provisions of the laws. [FL2000 § 2119(2)(b).]

- 7.1 Within 12 months of employment or assignment to the retail food program, the regulatory staff conducting inspections of food service establishments possess satisfactory knowledge and skills in satisfactorily complete training in the following areas: a) Public health principles; b) Communication skills; c) Microbiology; d) Epidemiology; e) Statutes, regulations, policy; and f) HACCP. [FL2000 § 2119(2)(b).]

- 7.2 ~~This indicator is effective on October 1, 2000. An employee first assigned to Within 12 months of employment or assignment to the retail food program, the regulatory staff conducting inspections of food service establishments satisfactorily complete field training that includes the following components:~~
- (a) Twenty-five joint training inspections with a standardized trainer from a local health department; and
  - (b) Twenty-five independent inspections reviewed by the standardized trainer (either on-site or paperwork review).
- 7.3 ~~Within 12 months of employment or assignment to the retail food program, the regulatory staff conducting inspections of food service establishments satisfactorily complete (e)-five evaluation inspections with a standardized trainer from a local health department or MDA.~~
- 7.3 ~~The program designed to meet MPR 7 is documented. Documentation includes records of staff completion of each required component.~~

**MPR 8 [Reserved]** ~~Beginning October 1, 1999, the local health department program management has established a quality assurance program to ensure uniformity among regulatory staff in the interpretation and application of regulatory requirements, policies, and procedures. The quality assurance program includes as a minimum, a record review of both routine inspections and foodborne illness investigations. [FL2000 §§ 2119, 3103, 3105, 3107, and 3109.]~~

- 8.1 ~~At least every 24 months, a local health department reviews a representative sample of not less than 5 full days of each inspector's food inspection records. (For a sanitarian that does not work full time in food, 5 days means 5 full time equivalent days of food inspection work.)~~
- ~~Each file selected is reviewed for the following:~~
- ~~a) Reports are accurate and complete;~~
  - ~~b) Regulatory requirements are interpreted properly;~~
  - ~~c) Current inspections accurately correlate to follow-up requirements from previous inspections;~~
  - ~~d) Complete explanation of violations;~~
  - ~~e) Voluntary corrective actions by establishment management are documented;~~
  - ~~f) Appropriate regulatory actions are recommended; and~~
  - ~~g) Variance information is documented in the records (establishment file).~~
- 8.2 ~~The review by the LHD's program management required under indicator 8.1 demonstrates an acceptable uniformity level. If the review reveals an unacceptable level of uniformity, a plan of action is developed by local health department management to address the need for uniformity among regulatory staff.~~
- 8.3 ~~Documentation is maintained of a record review for each staff member.~~

**MPR 9** The local health department food service inspection program correctly and uniformly interprets and applies the requirements of the Food Law of 2000 and other related laws. [FL2000 §§ 3105, 3109, and 3121.]

#### Licensing

- 9.1 If license limitations are issued, they are issued and documented in compliance with the law. [FL2000 §§ 2121 and 2123.]

- 9.2 All food service establishments are inspected prior to licensing. [FL2000 §§ 3115(2) and 4125(1).]
- 9.3 Licensing under the Food Law of 2000 is being correctly and uniformly conducted. [FL2000 §§ 3105 and 3109.]

#### **Inspections**

- 9.4 A copy of the completed inspection report, which includes a notice to correct violations, is provided ~~to the license holder or~~ to the person in charge at the completion of the inspection. [FL2000 § 3127.]
- 9.5 The local health department maintains copies of all inspection reports, recommended regulatory actions, and disposition of regulatory actions for the past 60 months. [FL2000 § 3121(4).]
- 9.6 Inspections are conducted in compliance with the Michigan Food Law of 2000. [FL2000 § 3121.]

#### **Administration**

- 9.7 If variances are issued, they are granted in accordance with FC §§ 8-103.10 to 8-103.12 and documented in accordance with FC § 8-103.11. [FL2000 § 6101.]
- 9.8 If there is a reduced inspection frequency policy in use, it is being carried out in accordance with the MDA-approved plan. [FL2000 § 3125.]
- 9.9 The LHD has a written enforcement procedure consistent with the Food Law of 2000. [FL2000 § 3117.]
- 9.10 The local health department justly applies the remedies according to the Food Law of 2000 and other law consistent with the licensee's right to due process. [FL2000 § 5113.]

**MPR 10** A local health department shall maintain a record of all consumer complaints, the ensuing investigation, and the result of the investigation. [FL2000 §§ 2101(2), 3121(3), 3129, and 3131.]

- 10.1 All consumer complaints pertaining to the food service sanitation program reported to the local health department indicate the results of the required investigation (or justification for not investigating). At the conclusion of the investigation, the findings are recorded in a complaint log or database, and the investigation reports are filed in the establishment record. [FL2000 §§ 2101(2), 3121(3), 3129, and 3131.]
- 10.2 Consumer complaint investigations are completed in a timely manner. [FL2000 §§ 2101(2), 3121(3), 3129, and 3131.]

**MPR 11** A local health department shall conduct an investigation of foodborne illness and suspected foodborne illness connected with food service establishments and report the findings to MDA in a timely manner. [FL2000 §§ 2101(2), 3121(3), 3129, and 3131.]

- 11.1 An investigation is initiated within 24 hours of communication of each complaint involving suspected foodborne illness or injury. [FL2000 §§ 3129 and 3131.]
- 11.2 The number of food-related complaints received and the number of foodborne illness investigations conducted by the LHD is reported quarterly to MDA (the quarterly report). [FL2000 §§ 3129 and 3131.]

- 11.3 A written, final investigation report has been prepared for each foodborne illness outbreak and a copy sent to the MDA. Reports shall be submitted in a timely manner. [FL2000 §§ 3121(3), 3129 and 3131.]

**MPR 12** The food service program has an established operating procedure for conducting and communicating foodborne illness outbreak investigations with applicable governmental agencies and organizations. [FL2000 § 3131.]

- 12.1 The food service program has developed and implemented an operating procedure for conducting and communicating foodborne illness outbreak investigations with applicable governmental agencies and organizations. This operating procedure is reviewed annually and updated as needed. [FL2000 § 3131(1).]
- 12.2 This document: (a) describes the foodborne illness outbreak investigation team, (b) defines their roles and responsibilities, and (c) establishes a system for communicating foodborne illness information with LHD employees and other agencies and organizations. [FL2000 § 3131(1).]
- 12.3 During foodborne illness outbreak investigations, procedures equivalent to the ~~IAMPES~~ “Procedures to Investigate a Foodborne Illness, Fifth Ed.,” published by the International Association of Food Protection are used and documented. [FL2000 § 3131(2).]

**MPR 13** The inspection process: a) identifies all uncontrolled hazards; b) obtains corrective action on uncontrolled hazards as appropriate; and c) supports appropriate regulatory action. [FL2000 §§ 2119(2), 3121, and 6101; FC § 8-403.10.]

- 13.1 The LHD’s regulatory inspections identify non-conformance with critical items. [FC § 8-403.10(B).]
- 13.2 The LHD’s regulatory inspections document on the inspection report non-conformance with critical items and other specific factual observations of violative conditions of the Food Law that require correction. [FC § 8-403.10.]
- 13.3 The LHD’s regulatory inspections either achieve corrective action, as appropriate, or support appropriate regulatory follow-up. [FC §§ 8-403.10, 8-403.20, 8-405.11, and 8-405.20; FL2000 §§ 2119(2) and 6101.]

**MPR 14** A follow-up inspection shall be conducted by the local health department to confirm correction of all previously identified critical violations, unless the critical violation was corrected at the time of initial inspection. [FL2000 §§ 3105, 3127, 6101 and 6129.]

- 14.1 Follow-up inspections have been conducted, preferably within 10 calendar days, but no later than 30 calendar days, of all establishments with uncorrected critical violations during the routine inspections. [FL2000 §§ 6101, FC § 8-405.11 and 6129.]
- 14.2 After observing at the time of inspection a correction of a critical violation, the LHD enters the violation and information about the corrective action on the inspection report. [FL2000 §§ 3127; 6101, FC § 8-405.20; and 6129.]
- 14.3 Follow-up inspections confirm the correction of critical items in violation, or the LHD has initiated enforcement procedures. [FL2000 §§ 3105 and 6129(2).]

**MPR 15** The local health department shall conduct administrative and judicial enforcement actions as required to ensure compliance with statutory and administrative rule requirements. [FL2000 §§ 2101, 3105, and 3109.]

- 15.1 The local health department has evidence indicating the expedient initiation of enforcement action against all licensed food service establishments that continue to exhibit critical violations after follow-up inspections. Enforcement action should be initiated no later than 14 days after all efforts at voluntary compliance are exhausted, or immediately if an imminent public health hazard exists. [FL2000 §§ 2101, 3105, and 3109.]

# Important Requirements

Important Requirements are not part of the MPRs

## IMPORTANT I -- Educational Outreach

A local health department provides educational opportunities to licensed food service operators in conjunction with the provision of inspection services, or at other times determined by the local health department.

- 16.1 The local health department provides documentation or demonstration of materials, education seminars, meetings, or training provided.

## IMPORTANT II – HACCP Program

The local health department has a food safety program for promoting and implementing HACCP that has been reviewed and approved in advance by MDA.

- 17.1 The local health department has staff that are trained and competent in the HACCP food safety system. MDA staff will conduct a field audit to determine the ability of local health department staff assigned to the HACCP program component to: a) Identify Hazards; b) Determine Critical Control Points, c) Establish Critical Limits, d) Develop Monitoring Programs, e) Prepare Corrective Action Plans, f) Develop Record Keeping Systems, and g) Establish Verification Systems.
- 17.2 The local health department has a strategy and timetable for promoting and implementing HACCP in food service establishments. The plan has been submitted to, and approved by, MDA.
- 17.3 The local health department has a program to recognize food service operators that have demonstrated knowledge and consistent application of the HACCP food safety system.

## IMPORTANT III – Continuing Education of Regulatory Staff

- 18.1 A regulatory staff conducting inspections of food service establishments satisfactorily completes at least 16 contact hours of continuing education every ~~two years~~ 24 months.
- 18.2 A regulatory staff conducting inspections of food service establishments satisfactorily participates in ~~two~~ 2 joint inspections with the standardized trainer every 24 months.

## IMPORTANT IV -- Inspection Frequency

Not less than 90% of quantity of licensed establishments shall have been inspected at the required frequency.

- 19.1 Not less than 90% of the required quantity of inspections of licensed establishments have been completed.

## IMPORTANT V – Program Support and Resources

Budget, staff, and equipment are available to support an inspection program that is designed and managed to reduce the risk factors known to contribute to foodborne illness and other factors that may contribute to foodborne illness.

- 20.1 The program budget provides the necessary resources to develop and maintain a food safety program that meets ~~supports~~ the following:



- ~~a) A trained regulatory staff that supports a work force with less than 10% turnover rate over 24 months; and~~
  - ~~b) Supervisory and administrative staff to support regulatory staff and to maintain necessary records;~~
  - ~~c) The documentation needed for this standard includes: the turnover rate of regulatory staff; and the number of regulatory staff who have completed the required training.~~
- ~~20.2~~ A staffing level consists of one full-time equivalent (FTE) staff ~~to establishment ratio that supports the inspection frequency~~ devoted to food for every 125 to 225 establishments. The documentation needed for this standard is the regulatory staff-to-establishment ratio based on full time equivalent (FTE) employees and inspection frequency.

#### **IMPORTANT VI – ~~Advisory Mechanism~~ Industry and Community Relations**

An advisory mechanism exists to provide recommendations and consultation to the regulatory program from interested parties.

- 21.1 There is least an annual meeting of those involved in the advisory mechanism where program support or other food safety issues may be addressed. This advisory mechanism may use a formal or an informal process, e.g., town meetings, or a formal advisory committee. The recommendations and consultations to the interested parties are documented.

#### **IMPORTANT VII – Uniform Inspection Quality Assurance Program**

The local health department program management has established a quality assurance program to ensure uniformity among regulatory staff in the interpretation and application of regulatory requirements, policies, and procedures. The quality assurance program includes as a minimum, a record review of both routine inspections and foodborne illness investigations. [FL2000 §§ 2119, 3103, 3105, and 3109.]

- 22.1 The program has a written procedure that describes the jurisdiction's quality assurance program. The quality assurance program is: (a) ongoing, (b) describes the actions that will be implemented if the review identifies deficiencies in quality or consistency, and (c) assures that inspection staff:
- a) Reports are accurate and complete (identify and document non-conformance with critical items and other factual observations of violative conditions of the Food Law of 2000 that require correction);
  - b) Regulatory requirements are interpreted properly;
  - c) Current inspections accurately correlate to follow-up requirements from previous inspections (action is taken on repeated or unresolved violations);
  - d) Complete explanation of violations (cite or describe the proper law and code provisions);
  - e) Obtain and document on-site corrective actions by establishment management at the time of inspection as appropriate to the violation;
  - f) Appropriate regulatory actions are recommended and documented; and
  - g) Variance information is documented in the records (establishment file).
- 22.2 The review by the LHD's quality assurance program demonstrates an acceptable uniformity level. If the review reveals an unacceptable level of uniformity, a plan of action is developed by local health department management to address the need for uniformity among regulatory staff.
- 22.3 Documentation is maintained of a record review for each staff member.